

ART. III.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

November 13, 1854. Unusual Appearances in the Larynx in two Cases of Typhoid Fever.—Dr. J. B. S. JACKSON showed the specimens, taken from hospital patients. 1. Erosion of the epiglottis, the whole top of which has been entirely removed. The cartilage stands up, quite denuded, and of a dull-yellowish bronze colour, nearly or quite a line above the termination of the mucous membrane, which last appears perfectly healthy. Contrast between the apparently dead cartilage and that below the line of erosion was striking. The larynx was otherwise healthy; but in the pharynx, and near to the glottis, was an irregular, thin, quite defined ulcer, through the mucous membrane, and about two-thirds of an inch in extent. The patient, a man, æt. 23, had been sick about four weeks; local symptoms mainly pulmonary, and nothing was known of any affection of the throat. Congestion of the lungs was found, with the usual affection of Peyer's glands.

2. Something like a gangrene of the mucous membrane upon the inside of the larynx. The appearance is confined to the left side, and is nearly limited in extent by the thyroid cartilage. The affected tissue retains its polish upon the surface, and its consistence and thickness are not perceptibly changed; but there is a tawny opaque hue, which is not merely strongly marked, but perfectly defined, and showing even some indications of a line of separation. There is no effusion into the cellular tissue beneath this patch, and little or no redness of the mucous surface about it. From the vocal cord to the top of the larynx there are the appearances of inflammation; but still, they are confined to the left side, the right being quite healthy. The parts are much swollen, flabby to the feel, and upon the rima glottidis is an ill-defined, superficial, tawny discoloration, as if threatening to slough. About this discoloration are some small, vividly red spots; but otherwise there is no redness of the mucous membrane, nor any other unusual appearance. Upon incision, there is very little effusion of serum into the swollen parts, and no pus.

The patient was a man, 32 years of age, and had been ill five weeks, but without any especial local symptoms. The voice was rough for the last two weeks, during which time he was in the hospital; but disease of the larynx had never been suspected. In the intestines were the usual appearances of Peyer's glands.

Death from Hemoptysis.—Dr. CHARLES E. WARE reported the case. The subject was a young man, 35 years of age, who had his first attack of hemorrhage in the autumn of 1852. Dr. W. was called to him in July, 1853. He had at that time an attack of hemoptysis; quantity about half a pint. He had no cough, and had had none. He had not recently lost flesh nor strength, but rather gained. He had distinct crepitus, dulness on percussion, and resonance of the voice under right clavicle. He kept about his business, and the haemoptysis was not renewed at the time. Dr. Ware was called to him again, November 6, 1854. He had enjoyed nearly his usual health, which was not very reliable, until the day previous, when, walking in the street in Lowell, he was seized with quite a copious haemoptysis. He got into a carriage, drove to the cars, and came to Boston. The hemorrhage had ceased, and he arrived in his usual health. A physical examination of the chest was postponed until

the excitement attending the accident should be past. He remained quiet until the 10th, when, feeling well enough, he thought, to take a walk, he went out into the street. He had only walked about a quarter of a mile, when he was attacked by hemorrhage, and died immediately, apparently from suffocation; for the loss of blood was not more than half a pint. No examination was obtained.

Dr. PARKMAN mentioned a case observed by him at the Massachusetts General Hospital, in 1836. The individual had only once or twice noticed that his sputa were bloody; he was much alarmed, and, while Dr. P. was conversing with him, endeavouring to divert his fears, he was suddenly seized with violent haemoptysis, and died almost instantly.

Dr. COTTING said he was called, two years since, to see an omnibus-driver, who was ill with phthisis, but well enough to go out. He was at a stable, looking on at the work, was seized with haemoptysis, and was immediately taken into his own house, not more than a gunshot's distance, where he was visited in a very short time by Dr. C.; who, however, found him dead.

Dr. JACKSON referred to certain similar instances; but said that, in all he had seen or known of, phthisis was far advanced.

[The Secretary remembers an instance in which the disease was advanced, but the patient was in the habit of being up daily, and had, not long before the fatal bleeding, been out. Summoned in the night to this person, whose residence was only across the street, he was found dead, although not more than six or eight minutes could have elapsed. When the messenger left, the patient was bleeding copiously, but had spoken only a short time previously.]

November 27, 1854. Membrane, of Tubular Form, passed per Anum.—Reported by Dr. HOMANS, Sen. The patient was an infant, about six months old in August last, when it was attacked with dysentery, and seen by Dr. H. in consultation. The dejections varied in frequency from ten to thirty-five in the course of twenty-four hours, attended with tenesmus and corresponding constitutional symptoms. They consisted at first of fecal matter with mucus, then of mucus tinged with blood, and finally blood alone was to be seen. On the ninth day the symptoms began to abate, the dejections had become less frequent, and some fecal matter had appeared in them.

On the sixteenth day, after much straining, a mass supposed to be composed of lymph was suddenly protruded from the anus, to the extent of about six inches, according to the report of the attending physician. Efforts were made to remove it by the fingers, but, great resistance being offered, it was cut off by scissors near the anus, a few drops of blood only following the incision. Two or three days after this, a second portion was expelled, by the natural efforts of the child, about one inch in length. Prolapsus ani followed daily for six days, and has since occasionally recurred. The little patient gradually and steadily improved in every respect, and now appears as well as other children of the same age. The mass, after its removal was found to be a hollow tube, which was cut open and then placed in alcohol by the attending physician. It is now about four inches in extent, and of considerable consistence. The surface corresponding to the inside of the original tube is smooth, the other rough, with what appear to be vessels running in different directions. It has been examined by Dr. JEFFRIES WYMAN, who reports it to consist of mucous membrane, vessels, and areolar tissue. He also found what he supposed to be circular muscular fibres under the microscope, and has passed bristles into an artery and a vein.

Singular Movement of the Pupils, corresponding with that of the Eye-balls.—Dr. BETHUNE reported the case. John G., aged 13. Health good, but is "nervous," especially on excitement. The eyes oscillate considerably, as is frequently seen in congenital cataract. This has only been noticed for six years past. The sight is generally good, but not quick, and he is rather near-sighted; and occasionally he has a "blur" before the eyes. On examination, the eyes are generally well-formed and full, but the scleroteca runs into the cornea at the margin. The pupils play constantly as the eyes move, dilating and contracting—the right, however, being more active than the left, which is not noticed in the oscillations.

Ellen G., aged 16. Sister of the above. The same malformation at the edge of cornea as in the brother, but the eyes are small and badly developed. She is very near-sighted, and can see neither to read nor sew. She has the same movement of the globes as observed in her brother, but much less in degree, and only of late noticed by the family; also the same corresponding movement of pupils. Her health is good. These are two of eleven children; none of the others have any defect in the eyes, and the parents are not related by blood.

Overdose of Opium in a Child; Olive Oil probably Preventive of Absorption.—Dr. GRAY related the following case, communicated to him by the physician in attendance. E. G., aged 8 years, a resident of Brooklyn, took a dessertspoonful of laudanum, the same being mistaken for tincture of rhubarb. The error was instantly discovered, and the child made to swallow, in addition to a quantity of mustard and salt, four ouncees of olive oil. Ipecacuanha was shortly afterwards administered. Dr. S. arrived in about twenty minutes after the opiate was taken; found the patient sitting up, not much alarmed, and apparently free from narcotism. Sulphate of zinc and ipecacuanha, of each a scruple, were directed, causing copious vomiting in the course of ten minutes. The patient then manifested a tendency to sleep, but wakefulness was maintained by conversation. This tendency continued for the space of five minutes only, after which she was perfectly well in all respects. She had repeatedly taken three drops of laudanum, with good results, when suffering from pain similar to that complained of in this instance. The opiate was swallowed when the stomach was empty. Was its absorption prevented by the oil?

December 11, 1854. Spontaneous Dislocation of the Crystalline Lens in both Eyes, without loss of Transparency; Frequent Prolapsus of the Lens into the Right Anterior Chamber.—Dr. WILLIAMS presented to the Society a patient, about thirty years of age, whose eyes exhibited the above extraordinary phenomena. She is of feeble constitution. At an early age she had measles, scarlatina, and variola, in immediate succession. Her sight has always been imperfect, and she has been able to see small objects—as in reading or sewing—only when held very near her eyes. On the 8th of June last, she saw a circle—light in the centre, dark around its edges—which interfered with vision in her right eye; but no other change was observed till about a week before she was seen by Dr. W. At this time, in stooping to lift a tub, she was conscious that something occurred in her right eye, and soon experienced circumorbital pain and nausea. She afterward noticed a peculiar appearance in the anterior chamber. During the night these symptoms vanished; but vision was not as good, the following day, as it had previously been. The same phenomena were repeated on subsequent days, after she had stooped forward.

When seen by Dr. W., on the 14th November, in consultation with Dr. Wm. H. Page, the appearances were as follows: The right anterior chamber exhibited the crystalline lens in a perfectly transparent state, resembling, at first sight, a drop of oil between the cornea and the iris. Its weight caused the formation of a sort of pouch at the lower part of the iris, so that the lower edge of the lens was a line or more below the cornea, and its upper edge extended to rather above the middle of the pupil. The edge of the lens was sharply defined, as much so as that of a perfect cataract-glass of one inch focus. No attachment could be seen, nor did the aspect of the pupil indicate that any attachments passed through it. There was no injection of the eye. She had a constant sensation of nausea and discomfort, but less circumorbital pain than after the first prolapsus. Vision was almost abolished; but, on trial of cataract glasses, it was at once improved, so that with those of two inches focus, she was able to read.

As the sight of the other eye was very imperfect, this was also examined. It presented a very marked floating motion of the iris, similar to what is frequently observed after operations for the removal of the lens. Displacement of the crystalline was, therefore, presumed to have occurred in this eye also, and a trial with cataract glasses proved the correctness of this supposition, as she could at once see perfectly. The lens was not visible in this eye; but there was an appearance at the lower part of the iris as if the lens were lying in this situation, and were impelled against the iris as the globe moved. Probably a dilatation of the pupil might have allowed the lens to be seen, but it was not thought advisable to expose the patient to a risk of a similar prolapsus to that existing in the other eye. Visiting her a few days after, when the right lens had fallen back into the posterior chamber, Dr. W. found it equally impossible to perceive any portion of the lens in this, as in the left eye. She required a glass of slightly greater power for the right eye; and, by the aid of these auxiliaries, enjoyed perfect vision.

On the 9th of December, the lens, which for several days had been in the posterior chamber, fell through the pupil, as before, and continued in the anterior chamber till the date of her presentation to the Society. If her head is held forward in sewing, there is no displacement; but it is only in some unlucky moment of stooping, while engaged in active employment, that the lens is projected through the pupil.

The case is of interest, not only from its rarity and the singular beauty of the appearances presented, but as suggesting several questions for solution. It is asserted by M. Magne, in the *Gazette des Hôpitaux*, 10th October, 1854, that all the published observations of dislocation of the crystalline, establish the fact that it can only occur after a direct or indirect blow, or as a consequence of convulsions. But our patient asserts that she has not been exposed to any of these causes. A second point to determine, is whether the lens has or has not escaped from its capsule. If no longer protected by this envelop, we should expect it to become opaque or absorbed. But, though the patient has been four weeks under Dr. W.'s observation, not the slightest loss of transparency or size has been undergone. If the capsule is entire, it must have become detached from its normal adhesions, otherwise the pupil could not contract to a size less than half the diameter of the lens during its presence in the anterior chamber. This could not be the case if suspensory attachments extended from the margin of the lens, through the pupil, to the ciliary circle. The fact of the spontaneous occurrence of the displacement in both eyes, would allow of the supposition that some change has taken place in the vitreous body, depriving the lens of the support usually afforded.

DR. BETHUNE remarked that, in these cases of dislocation of the lens, he does not remember to have seen opacity of the capsule. This is certainly very remarkable. It is natural to suppose that the capsule would be affected, especially if the dislocation be the effect of a blow.

Chronic Dyspepsia; Cure by Cathartic Treatment.—Dr. Bowditch reported two cases in which cathartics had proved of great advantage. The first was that of a seamstress, 64 years of age. She had been liable to what she called a diarrhoea, for some months, having been, before, alternately costive and loose. Under this state of things, she had grown weaker, and a week before Dr. B. was called, she had been confined to her room with colic.

On the day of the visit, she had a chill, followed by thirst and fever, dysuria and confinement to the bed. There was an evident soreness, and a hardness in the left hypochondrium. The age of the patient, the long illness connected with the intestines, the tumour in the abdomen, led Dr. B. to suspect some organic disease. It was found, however, on inquiry as to the nature of the dejections, that the *diarrhoea* was, in reality, composed in part, at least, of small, hard, scybala. Dr. B. determined, therefore, to prescribe a gentle but efficient laxative and tonic course. Tinct. rhei and tinct. gentian. comp., each 3ss, twice daily. Eight grs. of blue pill were administered previously to the commencement of this treatment. It is sufficient to say that the cathartic operated gently but effectually. Scybalous masses were daily discharged. Under this, the patient rapidly improved, and after nine visits the tumour had subsided, and with its disappearance the health was soon re-established, so that, at the end of about two or three weeks, she felt better than for months previously.

The result of this case shows the importance of examining *particularly* into the nature of excretions, inasmuch as, although the patient had had a chronic diarrhoea, the scybalous nature of the dejections induced Dr. B. to believe in the retention of small irritating masses in the lacunæ which are often noticed in the large intestine.

The second case was similar to the former:—

An Irish servant girl, aged 27, had been in the Massachusetts General Hospital, in 1851, for catamenial difficulties, of which she was relieved. In 1852, she began to complain of dyspepsia, pain in the left hypochondrium, constipation, &c. At her entrance again into the hospital, in June, 1854, the pain in the side was so severe that in walking she had to press upon the part in order to relieve it. From her entrance till the cathartic course was thoroughly tried, in November, she had similar complaints. The usual remedies for dyspepsia were employed, and occasionally cathartics were given, when costiveness was actually reported. She had dysmenorrhœa, dysuria, &c. Once, there seemed so much uterine trouble, that examinations were made, and the os tincæ was found elongated, but nothing especially abnormal was observed, except an irritation of the vagina. The irritability of the bowels was often complained of, and chalk-mixture and laudanum prescribed. Dr. Bowditch saw her four months after her entrance. Remembering the preceding case, and learning that similar hard masses were discharged, even when the dejections were said to be loose, he determined upon a cathartic and tonic course, until no scybala should appear: R.—Sulph. ferri gr. ss; aloes gr. ii, three times daily, ordered on Nov. 5, and continued, with the exception of one day, when the patient had a febrile paroxysm, until 21st. During every day but one or two of that period, the patient had from three to six dejections. Some of them, and generally most of them, were of a scybalous character.

Under this course the patient improved rapidly. She lost her pain in the abdomen, the bowels felt easy, the appetite and strength increased, and she was discharged "much relieved," i. e. relieved of many of her abdominal troubles, but still obliged to use laxative medicines, or constipation ensued.

Apparatus for Generating Vapour in Croup.—This was shown by Dr. LYMAN BARTLETT, of New Bedford, Associate Member of the Society. It consists of a common saucepan, and of a tube connected therewith, for conveying the steam, when generated, under curtains surrounding the patient's crib, so that he may be immersed in vapour; a crib can be so curtained by duly covering a clothes-horse, disposed around it. Dr. B. spoke in terms of high praise of this treatment for croup; he had been very successful with it. Other means were, of course, conjointly employed. In from four to five years he had lost only three patients by croup. The vapour is often needed for four or five days; mercurials and small doses of morphia are also employed by Dr. B. There had been no *expectoration* of false membrane; Dr. B. believed it to be often absorbed; occasionally, in his cases, it was thrown off by emesis.

Dr. PUTNAM had treated a case of membranous croup, successfully, by vapour, produced by a common nurse-lamp.

Dr. COTTING had used this latter arrangement; he highly values the vapour-treatment in croup.

Dr. BIGELOW, Sen., referred to the method adopted by the late Dr. FISHER, for vapourizing the air-passages of a patient. Dr. F. was in the habit of tying a bunch of mullein-leaves over the nose of a pair of fire-bellows, then, dipping the mullein in boiling water, he caused the action of the bellows to be continually maintained, in the close vicinity of the patient's mouth and nostrils.

Dr. Bigelow said he had seen some recoveries under this treatment, but also a number of failures.

Dr. ABBOT suggested the employment of the flexible caoutchouc tubes for conveying the vapour.

Dr. TOWNSEND, Sen., mentioned the plentiful generation of steam by immersion of hot bricks in a tub partially filled with water; he had found it of great service, and has lately had a case of membranous croup in which this treatment was followed by recovery. Dr. T. added that steam *may* be so copiously produced by this method that the paper will be removed from the walls of the room.

Calculi from the External Face of both Tibiae.—Dr. HODGES showed these, which he had found in a cluster upon both the tibiae of an adult negro woman, a dissecting-room subject; they were situated low down, towards the ankle-joint, and varied in size from that of a small mustard-seed to that of a split pea. Some of them were soft, and crumbled on removal; others were hard as bone. They were imbedded in the cellular and adipose tissue, and had no visible connection with the veins. The patient died, probably, from tubercular disease.

Analysis by Dr. JOHN BACON, Jr.—Phosphate and carbonate of lime, with some earthy matter. No concentric laminae on section, such as are always found in phlebitis. Other concretions had the same composition, and therefore it is difficult to class them with any one special kind of calculi.

Tendinous Fibres between the Phalanges of the Hand.—Dr. HODGES exhibited a hand dissected by himself, in which the above fibres were distinctly shown; they are strong and tendinous, found just beneath the skin, and imbedded

in the adipose tissue; they always exist in this situation and (what has probably prevented them from being often dissected), form, as it were, the skeleton of the rudimentary web existing between the fingers. They extend about half an inch in width; the fibres thickly interlacing with each other and losing themselves on the palmar aspect of each finger half way down the length of the first phalanx; the fibres coming from one side of the finger crossing those from the other at its base, to be distributed on the opposite half of the phalanx. They have no connection whatever with the palmar fascia, and exist about equally well-marked in all hands.

Dr. H. remarked that neither Cruveilhier, Sappey, Sharpey, Quain, nor Wilson, or other authors to whom he has had access, figure or describe these fibres.

Encephaloid Disease about the Scapula; Malposition of the Uterus.—Dr. J. B. S. JACKSON showed the specimens; fragments of the bone, which, to a considerable extent, was quite destroyed; an encephaloid mass of moderate size, from about the bone, and one from the axilla, which last is about half as large as the fist. The cartilage over the glenoid cavity is almost intact; as it is so often observed to be in the case of other bones when affected with cancer. The head of the humerus appears healthy externally; but, on section, shows a cancerous deposit within; as does also the sternum. The lymphatic glands in the upper part of the abdomen were also diseased; with traces of the same in the breasts, and upon the surface of the lungs; there being in these last, the central depression in one or two of the deposits that is so often seen in cancerous disease of the liver.

The patient was a very healthy-looking girl, ret. 25. Swelling was first noticed nearly five months before death, and steadily increased. Pain at first dull, but, for the last three months, quite severe; with much discharge for several weeks before death, and a general decline of the health.

The uterus, in this case, lay horizontally and almost transversely across the pelvis; the os uteri being directed towards the left hip, and the fundus lying directly against the right ovary; the ligament of this last being quite short, whilst that of the left ovary is as much too long. The cervix is not bent upon itself, and the organs are seen to be otherwise perfectly normal.

Upon her entry into the hospital this patient reported the catamenia as regular; and, upon inquiry of the nurse who had charge of her for three months before her death, it is ascertained that the function was in every way perfectly performed. Dr. J. has recently met with a case of very complete retroversion, and in which the fundus lay about opposite to the right edge of the third sacral vertebra; state of the catamenia unknown. He seems to think the importance of these malpositions very much over-estimated.

January 8, 1855. Union of both Leg-bones by Callus after Fracture; Fracture across Base of Skull, with extensive Laceration of the Cerebral and Cerebellar Substance resulting from a Fall.—Dr. CABOT showed the leg-bones entirely united together by callus; the specimen was sawn longitudinally, and the bone shown, continuous throughout. The cause of death being interesting, Dr. C. described the case. T. C., 35 years old, a healthy-looking Irish laborer, was brought into the Massachusetts General Hospital, December 29, 1854, P. M., reported to have fallen into the hold of a vessel. At first, he was quite delirious, throwing himself wildly about, and it was necessary to restrain his motions by strapping him to his bed. He finally became quiet, fell asleep, and died about 5 o'clock A. M. of December 30th, having

lived sixteen hours. There had been free hemorrhage from the right ear, and from the nose; both upper eyelids largely ecchymosed.

Post-mortem Examination.—Upon removing the brain, a fracture was found extending along the right side of the base of the skull, running from before backwards, from about the lambdoidal suture, the whole length of the base, and across, apparently through the ethmoid bone, and appearing on the left pterygoid process of the sphenoid bone. There was also a fracture from before backwards through the centre of each orbital process of the frontal bones. The right lobe of the cerebellum was completely "mashed," as it were; the right anterior lobe of the cerebrum was extensively lacerated, and the left slightly so; there were several other slight lacerations about the base of the right hemisphere. Right ventricle largely torn, with a considerable clot of blood. Copious effusion of blood, coagulated, was found over the base of the brain.

The prolongation of life, after such very great injury, was probably owing to the free escape of blood from the nose and ear.

Cancerous Disease of the Oesophagus.—Dr. CHARLES E. WARE presented the specimen, and gave the following account of the case: The patient was a woman, 42 years of age. For five or six years she had been subject to an embarrassment about the larynx, which disturbed her, particularly in her sleep, producing a peculiar sonorous sound, different from that which ordinarily attends sleep. During nearly the same period, she had had occasional difficulty in swallowing, which would sometimes force her to rise from table and clear her throat. When Dr. Ware was first called to her, the 3d of March, 1854, she said that, at that time, she had no difficulty in swallowing. She only complained of uneasiness about the larynx, some cough, and her sleep disturbed by the noise she made in respiration. She was always a pale, colourless woman, but she then looked more blanched than was natural to her. In the course of two or three weeks, it was evident that there was some trouble in swallowing, and that it was increasing, although it was not until the middle of April that it was sufficient to prevent her from taking her usual amount and kind of food. Her cough continued to increase in severity, and was particularly urgent on lying down at night. It was accompanied by a copious frothy expectoration and great irritation about the neighbourhood of the larynx. Her catamenia, which had been irregular for about two years, appeared scantily for the last time in April. By the 6th of May, she could swallow nothing dry or solid. Then a staff, with an ivory bulb three-eighths of an inch diameter, was passed with some difficulty and pain. The obstruction was found to be at the upper part of the oesophagus. In the course of three weeks, passing an instrument every three or four days, the passage was so much dilated that an instrument a third larger could be passed, and deglutition so much improved that she left town on a journey. She was absent four or five weeks, and, on her return, her oesophagus was more contracted than at any time. She was only able to swallow liquid food, and this annoyed her exceedingly by poaching at the side of the stricture. She had a great deal of pain about the back of the neck and through the ears, but not much pain or tenderness on external pressure about the immediate neighbourhood of the disease. The instrument was passed again, but with more pain than at first, and without benefit. It was continued until the middle of August, when it was abandoned on account of the suffering it occasioned. She continued to lose strength and flesh very slowly, and to be forced to more and more diluted nourishment. During the last few months she suf-

fered very little from pain or cough. Both seemed to subside as the disease advanced. Towards the close, she suffered most from the accumulation of viscid mucus above the stricture, and which she raised with difficulty. Sometimes the mucus contained blood and pus, and was fetid. But this was not its most common character. She died January 5, 1855. As there is always during life an uncertainty in the diagnosis of these cases, the treatment must be based upon the possibility of their being simple stricture. And this was the course pursued with the present case. Instruments were used as long as they could be borne, and any benefit could be obtained from them. On the return to the instrument in July, it was found necessary to use one with the staff projecting beyond the bulb to act as a director. Otherwise, it was almost impossible to pass the instrument into the stricture. It would lodge by the side of it. It was also attempted to keep the stricture on the stretch for awhile by passing an instrument with a bulb of a dumb-bell shape, allowing the instrument to rest with a swell of the bulb at each end of the stricture. This, on account of the pain it occasioned, was not long persisted in. During the last few months, the treatment was simply alleviative. After all solid food was abandoned, the meat biscuit, made into soup, was found to be the most nutritious and satisfactory diet, and it continued to be acceptable the longest. During the last few days of her life, she was sustained entirely by nutritious injections.

Dr. J. B. S. JACKSON communicated the following account of the appearances observed at the *post-mortem* examination:—

On dissection, there was found a well-marked encephaloid disease of the pharynx and oesophagus, extending from the top of the arytenoid cartilage to the lower extremity of the thyroid gland. The disease was remarkably defined; the posterior and lateral portions being affected, whilst the anterior, with the glottis and the larynx, was perfectly healthy. The diseased structure was from one-fourth to half an inch in thickness, white, soft, and upon the inner surface, uneven; the passage through it being sufficiently free. Just above the upper limits of the disease, and upon the left side, was the opening of a cavity that burrowed down between it and the larynx, and that would have held, perhaps, two drachms; it was offensive and somewhat dark, though not fairly gangrenous, but it contained no proper pus, nor any appearance of food. The other organs were healthy.

"Gaseous Cysts" upon the Mesentery and Intestine.—Dr. H. J. BIGELOW exhibited the intestines and mesentery of a hog, which he had received from a butcher, and which resembled one which Dr. B. had shown to the society a year or two before. An almost precisely similar specimen existed in the Hunterian Museum, and is engraved in the works of Mr. Hunter. Much prominence has been given to this specimen by Mr. Paget in his work on Tumours, being the only one which he refers to under the head of "Gaseous Cysts;" the specimen, moreover, had been examined by Mr. Cavendish and by Dr. Jenner, who sent it to Mr. Hunter. The present specimen shows innumerable air-bubbles beneath the peritoneum, especially at the junction of the mesentery and intestine, and throughout a large portion of its length. They vary in size from a millet-seed to a large green pea, are thickly studded, some of them agglomerated, others solitary, some imbedded in the fat, and others exceedingly delicate, transparent, and hanging off from the peritoneal surface by a slender pedicle of some length.

Dr. B. said that, in the absence of any satisfactory explanation of the mode of production of these air-cells, he would allude to a precisely similar

appearance in the human subject that he had observed and brought before the Society some years ago. The patient was a boy, about ten years of age, and died under the care of Dr. Phelps, of Attleboro', from whom Dr. B. had received the specimen. In that case, the air-vesicles were numerous, and identical with those above described; but the stomach presented an enormous dilatation consequent upon an old contraction at the pylorus. Precisely at the pylorus there also existed an ulcer of considerable extent, which might readily have engaged beneath its mucous surface a part of the air which was forced from the stomach into the duodenum, thus producing a sub-peritoneal emphysema. In the present case, however, there was no ulcer in the stomach or duodenum, which were opened and thoroughly examined; and about which last there were as many vesicles as about the intestine below. In the case of the hog first examined, the stomach was not seen by Dr. B. It is stated by Mr. Hunter that the hog is subject to ulceration of the alimentary canal during the summer months; and it is said by the butchers that the appearance of air-cells, as above described, is not of rare occurrence. In the course of the discussion upon this case, Dr. Jackson alluded to one that he met with some years ago, of chronic ulcer of the duodenum, and which caused death by perforation; besides the peritonitis, there was found an extensive emphysema of the sub-peritoneal cellular tissue, very much as in the foregoing cases.

Evidences of Arrest of Tuberculous Disease in the Lungs; Cicatrization, Cretaceous Masses, &c. &c.—Dr. ELLIS showed the specimen, and gave the history of the case. The patient was a printer, 52 years old, who, since the age of 18, had been subject to attacks of haemoptysis, a year sometimes elapsing between them, but the interval was usually much shorter. The quantity of blood lost was perhaps only sufficient to tinge the sputa, but frequently amounted to Oss. There was also a "wheezing asthmatic cough," with dyspnoea and palpitation of the heart on exertion. He, notwithstanding, attended to his business until three months before his death, weighing, by estimate, about 125 pounds. After being exempt from the haemoptysis one or two years, it again returned a month previous to his death, and increased until Oss of blood would be lost at a single hemorrhage; and this would perhaps be repeated during the day. After persisting in this manner several days, it ceased a week before his death; but, apparently exhausted by the repeated losses of blood, he sank, and died on the 19th of December. The above particulars were all that could be obtained, nothing being known about the physical signs.

Autopsy, about twelve hours after death.—Externally. Cadaveric rigidity well marked. The chest appeared longer than usual. *Pleuræ.* Surfaces of both pleuræ universally adherent, the uniting tissue over the greater portion being very thin and delicate, but at the apices very thick and strong. The false membrane at the latter points was from one to two lines in thickness, of a dull-white colour, very firm, dense, and contained much fat, which gave it the appearance of adipose tissue. The trachea and bronchi were considerably dilated and thickened, and contained some muco-purulent fluid. *Lungs.* The upper part of each lung, to the depth of an inch and a half from the summit, corresponding to the thick false membrane mentioned, was converted into a mass of dense fibrous tissue, in the midst of which were seen the dilated bronchi, in which the mucous membrane was raised in the form of transverse valves or ridges; a few small cretaceous masses; and a number of cavities, several of which contained caseous or purulent matter, but the greater part of them were quite smooth on the inner surface, particularly the largest, which measured six-eighths of an inch in diameter, and was lined with a red

membrane, very closely resembling the mucous. A bronchus was here seen, which terminated abruptly, its extremity being rounded off, forming a cul de sac. The rest of the pulmonary tissue below the diseased apices was healthy, with the exception that it contained quite a number of isolated tubercles scattered about in its substance, and also a cretaceous mass, two or three lines in diameter, around which the lung, for some distance, had a puckered appearance, as if drawn in by the contraction of a deposit much larger than that which existed at the time of death. Heart rather large, but otherwise normal. Other organs not remarkable. Brain not examined.

January 22, 1855. Screw ejected, after Six Weeks' Retention in the Neighbourhood of a Child's Larynx.—Dr. C. E. WARRE reported this case, the history of which he received from the patient himself, now a vigorous man of about 30 years. The patient, when three years old, picked up the screw from the floor, and, putting it in his mouth, by accident swallowed it. The screw was such a one as is used in fastening brass plates on bedsteads.

For six weeks, at intervals of a few days, there would be an access of very severe dyspnoea, with cough of the character of croupy cough, and discharge of frothy mucus, mingled with blood, and, as is stated, purulent matter; after which, for about a week, ease would be obtained. Emaciation and weakness became extreme; it was supposed by the attending physician that the patient was in consumption. The child not talking plainly, and saying it had "swallowed a skeicer," much obscenity attended the diagnosis of the case. During one of the fits of dyspnoea and strangling, the patient's mother, much alarmed, held him bending forward, while in the act of coughing, and, as the patient writes, "out flew the screw, covered with rust;" and, immediately after it, "half a pint of blood and matter."

The patient did not fully recover for nearly a year.

Dr. CALVIN ELLIS exhibited the following specimens, and gave accounts of the cases:—

CASE I. Induration of the Brain in a Child.—The child from which the specimen was taken was healthy at the time of its birth, and continued so for two weeks, when contractions of the hands and feet were noticed. At the same time, it became very irritable, and restless at night, and soon began to lose flesh, although continuing to nurse. It finally became unconscious, and remained so, constantly moaning and crying, until death, which took place at the age of nine months and three days, a sister having previously died, at the same age, with the same symptoms. During the last three weeks there was some cough. The above account is necessarily imperfect, as the attending physician was not seen.

Autopsy, twenty-six hours after death.—*Externally.* Great emaciation; no cadaveric rigidity. *Head.* Sutures closed; a small membranous point alone remained of the anterior fontanelle. Dura mater universally adherent to calvaria, but separated without any great difficulty, except at the sutures. Its necessary removal with the bone allowed the escape of $\frac{3}{4}$ vi or $\frac{5}{8}$ viij of yellow serum, which had collected in the cavity of the arachnoid, filling a space about an inch in depth between the cranium and the surface of the brain. The membranes covering the convexity of the hemispheres normal. No unusual amount of serum under the arachnoid, nor in the lateral ventricles. To the feel, the brain was very much firmer than usual, but the surface was not involved, since the cortical substance could be scraped away, exposing the condensed portion below, which retained the form of the convolutions. The

brain was removed for a more accurate examination than could be made at the house, but it unfortunately softened so much in a short time that the exact limits of the disease could not be ascertained. It may, however, be stated, in general terms, that the white substance was very extensively, though not uniformly, affected, the induration being as well marked in the cerebellum and optic nerves as in the cerebrum. The consistence of all of these parts was somewhat greater than that of the pons varolii in the normal state. Their colour was everywhere the same, viz: bluish white, with perhaps some bloody points, and the cut surface smooth and shining. Spinal cord normal. *Lungs.* Some limited pneumonia in each lung, but particularly in right lower lobe. Liver light-coloured, of large size, and very fatty. Other organs not remarkable.

CASE II. Glandular Proliferous Cyst, with Hypertrophy of the Breast.—The breast was removed by Dr. HAYWARD, Sr., from a woman 37 years of age. The disease had existed a year, and, towards the close, became quite painful. No retraction of the nipple.

On the external surface was a small opening, looking like that of an ordinary abscess. Breast of small size, but imbedded in, and firmly attached to, various parts of the gland, were a number of hard nodules, the largest of them half an inch in diameter, which, on incision, yielded a milky juice, and presented an appearance not unlike that of common scirrhus, with the exception that they were somewhat lobulated. At one point, where fluctuation was detected, a cyst was opened, more than an inch in diameter, with a perfectly smooth lining membrane, attached to which, by broad pedicles, and nearly filling the cavity, were cauliflower-like growths, somewhat lobulated or foliated in their structure, and much less firm than the nodules previously mentioned. Another cyst, filled with a sanguous fluid, was opened during the operation.

On microscopical examination, by Dr. H. J. BIGELOW, there were found numerous large free nuclei, with large nucleoli, many large irregular cells, and also a few compound cells. With a low power, a glandular structure was seen, composed of a number of uniform, rounded masses, the interior of which was occupied by the nuclei and cells described.

This hypertrophy of the breast is an exuberance of the glandular structure, with a little deviation from its normal character, and not the hypertrophy of the fibrous tissue of the ultimate lobules which is a distinct variety.

CASE III. Disease of the Liver.—The patient was a gentleman, 53 years of age, who formerly resided for many years in Pernambuco, but during the latter part of his life had lived in the vicinity of Boston. Always well until two years ago, since which time he had been troubled with ascites and anasarca. No pulmonary nor cardiac symptoms. Never had any pain in right hypochondrium, nor yellowness of skin, according to the report of one who had seen him during life, but there was yellowness of the face after death. Urine examined a number of times, but no albumen ever detected.

Autopsy, twenty hours after death.—*Externally.* No cadaveric rigidity. Emaciation well marked. Abdomen flat, but fluctuation very distinct. No œdema of lower extremities noticed, this having disappeared, as was stated, before death. Head not examined. *Pleuræ.* The left contained 3*ii* of serum; the right, 0*j*. No adhesions. Lungs congested posteriorly; lower lobe of right considerably compressed; otherwise nothing remarkable. Heart of small size; left ventricle firmly contracted. *Stomach and Intestines.* Small intestine contracted; otherwise nothing remarkable. Spleen of usual size. Surface wrinkled, with a whitish macerated look. Substance firm; of a chocolate-brown colour. Kidneys quite firm; normal. Bladder normal. Peritoneal

cavity contained about a gallon of greenish-yellow serum. Diaphragm very flaccid, as if from over-distension. In this connection, it may be well to state that the size of the abdomen had diminished very much before death. Liver of a dark-brown colour, six inches long, five broad. Surface smooth, with the exception of a portion, about two inches in diameter, immediately above the gall-bladder, where it presented the appearance of an old cicatrix, in the midst of which were seen a number of yellow nodules, the colour of which was owing to the presence of dense yellow fibrous masses, of irregular shape, imbedded in, and firmly attached to, the substance below, the latter being, for some distance, in the same cicatrized state as the surface. Several similar yellow masses, a few lines in diameter, were seen in other parts, through the capsule, but no cicatrization had taken place around them. The substance of the organ was very firm, and on the cut surface had a granular appearance, which was still more strongly marked when the organ was torn. The fibrous tissue did not appear unusually abundant, except around some of the branches of the vein portae; neither were the edges of the liver sharp, nor the external surface nodulated, as in ordinary cases of cirrhosis. Under the microscope, nothing was noticed in the yellow masses but amorphous matter, small oil-globules, and a few small scales of cholesterine. Bloodvessels, where they entered the liver, normal, as were also the bile-ducts. *Gall-stones.* In the gall-bladder, which contained a small quantity of dark green bile, were quite a number of blackish gall-stones, the smallest two or three lines, the largest an inch and a half in diameter, all rounded, but marked with facets.

Fibrous Polypus of the Uterus, ten inches in circumference, five inches in length, with a Pedicle half an inch in diameter.—Dr. PUTNAM presented the specimen, and reported the case of a patient he had visited, in a neighbouring city, with Dr. CHANNING. She was 41 years of age; had one child at 21. Began to flow nine years since, chiefly at the menstrual period; but in the interval also, whenever she made any exertion. Had latterly been much reduced by the loss of blood, and was confined to her chamber. One quite unusual symptom was a painful distension, caused by the accumulation and gradual wedging of the coagula between the tumour and the walls of the vagina. This, at times, became so intolerable that she was compelled to have them removed.

Dr. C. passed a ligature by means of Gooch's canula, and the tumour came off on the fifth day.

Intermittent Fever; Homœopathic Treatment; persistence and aggravation of the Symptoms; Treatment by Quinine and other usual means; immediate arrestation of the Chills; rapid recovery.—Dr. MORLAND read the following account. It is well known that homœopaths adduce the curative action of cinchona in intermittent fever, as "one of the strongest possible proofs" of the truth of their doctrines; in fact, "it was in attempting to ascertain how cinchona cured ague or intermittent fever, that Hahnemann made his alleged discovery." While experimenting upon himself with the bark, "an intermittent fever ensued," and he came to the conclusion that the drug must cure intermittent solely by its power, as he asserted, of producing like symptoms in a well person; and hence his deduction "*Similia similibus curantur.*"

Professor SIMPSON (*Homœopathy: Its Tenets and Tendencies*; Edinburgh, 1853) has well shown the fallacy of the premises upon which Hahnemann founded his system of practice; and he has abundantly proved it not to be true that intermittent symptoms are, by any means, invariably produced, as above asserted; and not only so, but he shows that such an occurrence is a

very rare and quite an exceptional thing. We can readily suppose that, if the very imagination which suggested in Hahnemann's mind the idea which serves as the motto for his system be so utterly fallacious, the attempts to cure intermittent fever by infinitesimal doses of quinine, would signally fail; the endeavour itself thus becomes a severe test of the practice; and even homeopathists confess their want of success. (*Vide SIMPSON, op. cit. p. 248, Edin. Ed.*) How absurd, in view of such facts, do the confident assertions of the majority of homeopathic practitioners become, such as the dogma that "if any remedy be homoeopathically selected, it will cure," in whatever dilution it be given?

By their own showing, cinchona and its extracts are "homeopathically selected," if administered in intermittent fever; why should they ever fail in their hands, particularly when the medicine is properly and sufficiently diluted, to adopt their, to us, ridiculous phraseology.

In the serious matter of compromising a patient's existence, by a do-nothing course, in a case demanding the most decided remedial interference, it is unfortunate that the public cannot be enlightened as to the responsibility incurred, and the neglect practised, not only by the practitioner who persists in leaving unassisted Nature to struggle with an opponent sure of gaining the mastery, but also by themselves, in allowing their friends thus to be left to their fate.

With a view of illustrating, in some degree, these positions, the following account of a case has been prepared.

Mrs. ——, a young lady of delicate constitution, and for several years a resident in a tropical climate, had, during the latter part of 1853, while at the South, an attack of intermittent fever of the tertian type, and of but slight intensity; it readily yielded to quinine. She came to the North, in January, 1854, and by a fatiguing journey; being far advanced in pregnancy with her third child; fatigue and apprehension caused by accidents during the journey, nearly produced miscarriage soon after her arrival, and she suffered from weakness and cough, until the period of her confinement, February 26, 1854, having completed her full term. The access of labour being somewhat sudden, a midwife was first in attendance; there was retained placenta, and profuse and exhausting flowing subsequently, which, supervening upon her previously weak condition, reduced her to an alarming state; she was perfectly bloodless in appearance; greatly emaciated; her pulse rapid and feeble. She, however, rallied; and, in from three to four weeks, went down stairs to dinner. At this time, a most unfortunate epoch for the advent of new trouble, chills, followed by fever, came on, and a regular *tertian* was declared. She was attended by a homeopathic practitioner, who administered various infinitesimal doses; and, finally, but not until the *tertian* had become *quotidian*, gave quinine in so diluted a form (stating it to be the "first dilution") that, when subsequently asked by the physicians who finally managed the case, how much he gave of the salt, he was unable to say. Under this course the patient continued to grow weaker; the chills recurred, with violence, every twenty-four hours, and generally at an early hour of the morning; after each attack the patient evidently had less and less power of resistance. On the arrival of her husband, who had been absent during this last illness, he immediately dismissed the attending practitioner, remarking that, even to the eyes of persons unskilled in medicine, it was sufficiently evident that Nature unassisted, could not, in this case at least, do the work of cure—however possible such a result might be in a robust person.

On Tuesday, April 4, 1854, I was desired to take charge of the patient; but, in view of her then almost hopeless situation, declined to do so unless

with a previous consultation; which being consented to, Dr. BIGELOW, Sen., saw her with me, at about noon of the above day. There had been a severe chill about ten or twelve hours previously. Dr. Bigelow expressed strong doubts as to her recovery, taking into consideration the previous history and her present very weak and alarming condition. It was, however, resolved to give quinine in as large quantity as the system seemed likely to bear, combined with nourishment sedulously and judiciously given (the latter point had been, in good measure, attended to previously); the administration of the remedy was immediately commenced—two grains every two hours; at a second visit, same day, P. M. I directed brisk friction with warm laudanum, just before the expected chill, with fifteen drops of the same internally; dry warmth to be afterwards employed (in place of wrapping the patient in a blanket soaked in warm water, as was done by the former attendants), and the said friction to be kept up as long as there seemed even a tendency to chill.

April 5, 10 o'clock A. M. *There had been no chill;* patient expressed a sense of comfort at her escape from it. Pulse, about 110, feeble; skin natural. *Perse.* The same course of treatment was pursued, with the same, and with constantly better results, as regarded the patient's progress towards recovery. Much of the success attained is doubtless to be ascribed to the untiring exertion of the patient's husband in giving the quinine regularly, securing the prompt administration of food, and making the frictions with his own hands; these latter, either with warm spirit, laudanum, or with the dry hand, were resorted to on the least feeling as if of threatened chill. There was, however, no recurrence of the chills which, before the change of treatment, had been so regular of access. The quinine was continued for two weeks; for the first week in the dose above stated; during the second it was gradually diminished, and finally suspended. Citrate of quinine and iron was given pretty freely during convalescence, which was rapid, when the extreme prostration is considered. The pulse, three or four days after commencing the quinine, sank from over 100 per minute, to 96, 90, 80; it gained strength and regularity daily; the appetite became strong; the digestion was good; colour returned to the previously white lips. In the second week of treatment the patient could walk across the floor, with assistance (ten days before this she could scarcely lift her hand), in a few days she was out, and in a very short time, she whose chance of life was pronounced "*not worth the toss of a dollar,*" went from Boston to Washington, D. C., bore the journey well, grew stronger and gained flesh rapidly, has since gone to Europe, and by late accounts is quite well.

I firmly believe that what is said by Dr. BARTLETT (*Treatise on Fevers, 1847*) of the "*congestive form*" of periodical fever, would have proved true of this case of simple intermittent, had the same course been continued under which it became so grave. Dr. B. says: "*The paroxysms must be arrested or the patient will die; the only agent in our possession, by which this can be done, is the bark (cinchona) and its preparations; and no time is to be lost in their use.*" (*Op. cit. p. 391.*) The question will arise, how any well-educated practitioner (in this instance the homeopathist in attendance was such) could, in conscience, allow the disease to progress, when, to his knowledge, he had the means of arresting the paroxysm at hand. One more quotation seems so opposite that it may be admitted: "All that respects the disease, and all that respects the remedy, is so marked, so sudden, and so forcible, that physicians neither doubt nor reason about the matter. They see what happens, and, resting upon the evidence of what they see, they know that the disease is cured by (mercury) quinine. (Latham *On the Heart*, vol. i. pp. 266-7.) Dr. Latham is speaking of mercury—by substituting quinine the sentence is quite in place.

It is often remarked that one isolated case proves nothing; granted—yet an aggregate of such cases will surely prove something; and amidst the boasted “cures” of the homeopaths, it seems but simple justice that a counter-report should occasionally be made. To most legitimate practitioners, however, such cases, singly, must carry their own evidence.

At the next subsequent meeting (February 12th, 1855) Dr. GOULD related the following case, of which he had been reminded by the above:

A gentleman from the state of New York, on a visit to Boston, had an attack of tertian, and placed himself under homoeopathic treatment. The paroxysms grew more severe, and became quotidian. Consultations were held, but no abatement was experienced; and, after two weeks, being very much exhausted, it was concluded, by both patient and doctor, to abandon that method of treatment. On surrendering his patient, the physician remarked, that he presumed that the disease would be soon arrested, as it was well known that quinine would control fever and ague. Being asked, why then did he not employ it, he replied that it was not in accordance with their doctrine, and therefore he preferred not to try it.

On visiting the patient, he was found to be deeply jaundiced, and his liver protruding from under the ribs; bowels constipated. Blue pill was given, and hot fomentations were applied to the hepatic region. The bowels were freely evacuated, discharging large quantities of bile. One paroxysm, only, occurred subsequently, and the recovery was very rapid and complete. No quinine was given.

[The statement of the homeopathist, in this instance, that the use of quinine in intermittent fever is “not in accordance with their doctrine,” only serves to expose his ignorance of his master’s teachings, and indeed of the *basis* of the “doctrine;” as noticed in the remarks prefatory to the first case.—Secretary.]

Dropsey, supposed Ovarian; its disappearance after copious Diuresis.—Dr. WM. E. TOWNSEND related the case. The patient had had spinal irritation, and had kept her bed for fifteen years, from this cause; there being actual inability to maintain the erect position. The cysts, said Dr. T., could be distinctly felt; the patient having become very thin. Last summer she had disease of the heart, and also dysentery, which latter became chronic. Death occurred on Saturday night last (20th inst.). The body weighed only forty pounds. The dropsey was in all probability ovarian, having lasted for a period of five years from its commencement to its termination, and completely disappearing after very abundant diuresis. No *post-mortem* examination was allowed.

ART. IV.—*Cases of Fistulae, communicating with the Gall-bladder.*
By SAMUEL KNEELAND, JR., M.D., BOSTON, MASS.

CASES of fistula communicating with the gall-bladder are alluded to in the books and journals, but not with sufficient details to render the symptoms and pathology intelligible. Cases are occasionally found in the books like the following from *Heberden’s Commentaries*:—